

**EMPLOYEE INFORMATION****ENROLLMENT FORM - PLAN 2**USE BLACK or BLUE INK ONLY  
ESC CU(NAV\*SAD) P2 v1.3.0

(Must Be Filled Out)

Social Security Number 510-68-9668  
 Date of Birth 02/08/1969 Sex  M  F  
 Name Sherry Gonzalez  
 Street Address 1801 Queens Dr.  
 City Longmont State CO Zip 80501  
 Home Phone 720-308-9399

Do you or any dependents have Medicare?

 Yes  No If Yes:

Medicare Health Insurance Claim Number (HICN) \_\_\_\_\_

Medicare Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Names of Covered Person(s)

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**BENEFIT SELECTION**

Weekly Rates

**MEDICAL**

- \$20.91 Employee Only  
 \$42.44 Employee + One  
 \$56.67 Employee + Family

 **NO to MEDICAL, TERM LIFE, and STD benefits.****DENTAL**

- \$ 5.99 Employee Only  
 \$11.98 Employee + One  
 \$19.77 Employee + Family

 **NO****TERM LIFE**

- YES \$0.60 Employee Only  
 NO \$0.90 Employee + One  
 \$1.80 Employee + Family

**SHORT-TERM DISABILITY**

- YES  
 NO \$4.20 Employee Only

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

You **MUST** enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.**REQUIRED DEPENDENT INFORMATION**

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

**BENEFICIARY INFORMATION**

For Term Life / Accidental Death &amp; Dismemberment, please write in your beneficiary information.

**NAME OF BENEFICIARY** \_\_\_\_\_**RELATIONSHIP** \_\_\_\_\_

Accidental Death &amp; Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

► **Signature** Date 11/04/2014